

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**City *St. Louis, Mo.*(No. *2945*)*garden ave.**City*File No. **22264**Registered No. **2040**

St.

Ward)

2. FULL NAME

(a) Residence, No. *1237*(Usual place of abode) *7-24 St. Louis*

21 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *12* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------|
| 3. SEX <i>Female</i> | 4. COLOR OR RACE <i>Negro</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Johnnie Wright</i> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>7/6/1905</i> | | |
| 7. AGE YEARS <i>28</i> | MONTHS <i>11</i> | DAYS <i>8</i> |
| | | If LESS than 1 day, hrs. or min. |

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|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Nil</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. |
| | 10. Date deceased last worked at this occupation (month and year) |
| 11. Total time (years) spent in this occupation | |

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| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss.</i> |
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| MOTHER | 13. NAME <i>Alonzo Jones</i> |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss.</i> |
| | 15. MAIDEN NAME <i>Mattie Jones</i> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) |

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|--------|--------------------------------------------------------------|
| FATHER | 17. INFORMANT (ADDRESS) <i>Patricia Mary Shegar</i> |
| | 18. BURIAL, CREMATION, OR REMOVAL <i>2945 garden ave.</i> |
| | 19. UNDERTAKER (ADDRESS) <i>Woods</i> |
| | 20. FILED <i>20</i> <i>1934</i> |

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| 17. INFORMANT (ADDRESS) <i>2945 garden ave.</i> |
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| 18. BURIAL, CREMATION, OR REMOVAL <i>Washington Park</i> |
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| 19. UNDERTAKER (ADDRESS) <i>2827</i> |
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|---------------------------------|
| 20. FILED <i>20</i> <i>1934</i> |
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|-----------------------------------------------------------|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>6/14/1934</i> |
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| 22. I HEREBY CERTIFY, That I attended deceased from <i>5-17/1934</i> to <i>6/14/1934</i> |
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| 23. I last saw her alive on <i>6/14/1934</i> |
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| 24. Death is said to have occurred on the date stated above, at <i>7:55 a.m.</i> |
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/14/1934*22. I HEREBY CERTIFY, That I attended deceased from *5-17/1934* to *6/14/1934*I last saw her alive on *6/14/1934*Death is said to have occurred on the date stated above, at *7:55 a.m.*

The principal cause of death and related causes of importance were as follows:

*Far Advanced Pulmonary Tuberculosis**23A*

Other contributory causes of importance

Name of operation

What test confirmed diagnosis? *Clinical*Date of onset *5-17-34*Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Henry C. Hampton*(Address) *2945 garden ave.*

M. D.

Registrar.

